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APPLICATION NUMBER	T		
	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
08/892,695	07/15/97 GRAY	,	J 02780711973
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		DATE MAIL	18:15.
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	NOTICE TO FILE MISSIN Filing D	IG PARTS OF APPLICATION Pate Granted	09/1//9/ <b>N</b> ,
any fees required above to avoid a fee under the provisions of 37 CF  If all required items on this form  □ large entity □ small entity (ve	abandonment. Extensions of tir R 1.136(a). In are filed within the period a perified statement filed), is \$	me may be obtained by filing a per	OF A SURCHARGE for items 1 and R 1.27. The surcharge is set forth in hich to file all required items and pay lition accompanied by the extension are by applicant as a
<ul><li>The statutory basic filing fee</li><li>missing.</li><li>insufficient.</li></ul>	<b>オ</b> コム		
Applicant must submit \$statement claiming such statement claim fees of \$	atus (37 CFR 1.27).	ete the basic filing fee and/or file g any multiple dependent claim fe	
☐ is missing. ☐ does not cover the new ☐ does not identify the ap ☐ does not include the city	ly submitted items.  plication to which it applies.	cancel additional claims for which	n fees are due.
the above Application Number 4. The signature(s) to the oath of missing.	- · · · · · · · · · · · · · · · · · · ·	or applicant's residence. Including residence information al	nd identifying the application by
by a person other than in	Ciaralion in compliance with a	der 37 CFR 1.42, 1.43, or 1.47. 37 CFR 1.63, identifying the appli	cation by the above

 $\Box$  5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required. processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

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 $\ \square$  8. The application does not comply with the Sequence Rules.

See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."

☐ 9. OTHER:

□ 3.

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